IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

BRIAN KNIGHT,	: Case No.: 1:20-cv-00254-1SK
Plaintiff,	; ;
v.	
CANDICE McLAUGHLIN,	Electronically Filed & Served
Defendant.	; ;
	AFFIDAVIT OF SERVICE

Before me, the undersigned authority, a notary public, personally appeared Kim Maiorano, being duly sworn according to law, deposes and says that the Complaint in this matter was served by U.S. certified mail, return receipt requested, on the following defendants, on the dates indicated below:

DefendantCandice McLaughlin

COUNTY OF ALLEGHENY

Date of Service November 16, 2020

Original return receipts showing the date of service are attached hereto.

AND FURTHER AFFIANT SAID NAUGHT.

COMMONWEALTH OF PENNSYLVANIA

STRASSBURGER McKENNA GUTNICK & GEFSKY

Kim Maiorano

Sworn to and subscribed before me this 1st day

of December

2020

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Notary Public

Commonwealth of Pennsylvania - Notary Seal Celeste A. Callahan, Notary Public Allegheny County My commission expires January 8, 2024

My commission expires January 8, 2024 Commission number 1359811

Member, Pennsylvania Association of Notaries

96	U.S. Postal Service [™] CERTIFIED MAIL [®] RECEIPT Domestic Mail Only			
E -	For delivery information, visit our website	at www.usps.com®.		
d	OFFICIAL Certified Mail Fee	USE		
9460	\$ Extra Services & Fees (check box, add fee as appropriate)	11/12/20		
0000	Return Receipt (hardcopy) \$	Postmark Here		
0990	Adult Signature Restricted Delivery \$ Postage \$ Total Postage and Fees			
7017	Total Postage and Fees Candice McLaughlin Sent To 10600 4th St. N, Apartment 903 Street and Apster Potersburg, FL 33716			
	City, State, ZIP+4®	<i>)</i> (
	PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Candice McLauguan 10600 4th St. N, Apartment 903 St. Petersburg, FL 33716 	A. Signature X B. Received by (Printed Name) AND 9 D. Is delivery address different from If YES, enter delivery address	Agent Addressee C. Date of Delivery nitem 1? Yes below: No
9590 9402 2863 7069 6756 30 2 Article Number (Transfer from contine Inhalt 7017 0440 0000 9440 3	3. Service Type Adult Signature Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Cover Souu	□ Priority Mail Express® □ Registered Mail™ □ Begistered Mail Restricted pelivery ✓ Return Receipt for Merchandise □ Signature Confirmation □ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	1	Domestic Return Receipt

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing **AFFIDAVIT OF SERVICE** was served by First Class Mail, U.S. Mail, postage prepaid, this <u>2nd</u> day of <u>December</u>, 2020, on the following:

Candice McLaughlin 8737 Great Cove Drive Orlando, FL 32819

STRASSBURGER McKENNA GUTNICK & GEFSKY

/s/Danielle L. Dietrich
Danielle L. Dietrich